

# ETR 605/242 B **PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below, or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>33M1/0412</p> <p>WOLF, GREENFIELD &amp; SACKS, P.C.</p> <p>FEDERAL RESERVE PLAZA</p> <p>600 ATLANTIC AVENUE</p> <p>BOSTON, MA 02210</p>	<p>INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p>CO-INVENTOR'S NAME</p> <p>Street Address</p> <p>City, State and ZIP Code</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/022,978	02/24/93	010	SYKES, A 3311	04/12/95
First Named Applicant	GROVE, ROBERT E.			

**TITLE OF INVENTION** PULSED INFRARED LASER TREATMENT OF PSORIASIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 JLE-001	607-089.000	K64	UTILITY	YES	\$605.00	07/12/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p>1 Wolf, Greenfield &amp; Sacks P.C.</p> <p>2</p> <p>3</p>

DO NOT USE THIS SPACE

050 JW 07/24/95 08022978

242 605.00 CK

## **5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)**

(1) NAME OF ASSIGNEE
Star Medical Technologies, Inc.
(2) ADDRESS (CITY & STATE OR COUNTRY)
Pleasanton, CA 94566

<p>6a. The following fees are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies</p> <p>6b. The following fees should be charged to:</p> <p>DEPOSIT ACCOUNT NUMBER 23/2825</p> <p>(ENCLOSE PART C)</p> <p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies</p> <p><input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees</p>
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- A. ☐ This application is NOT assigned.
- ☒ Assignment previously submitted to the Patent and Trademark Office.
- ☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)	(Date)
Ronald J. Mansoor	7/10/95

**NOTE:** The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.



ATTORNEY'S DOCKET NO. P0547/7007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert E. Grove and James Z. Holtz  
Serial No.: 08/022,978  
Filed: February 24, 1993  
For: PULSED INFRARED LASER TREATMENT OF PSORIASIS

Examiner: Angela D. Sykes  
Art Unit: 3311

BOX ISSUE FEE  
COMMISSIONER OF PATENTS AND TRADEMARKS  
WASHINGTON, D.C. 20231

Transmitted herewith is/are the following documents:

- ☒ Issue Fee Transmittal
- ☒ Check in the amount of \$605.00.

If the enclosed papers are considered incomplete, the Mail Room and/or Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check in the amount of \$605.00 is enclosed to cover the issue fee. If the fee is insufficient, the balance may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on July 10, 1995

*[Signature]*  
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Respectfully submitted,

*[Signature]*  
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Ronald J. Kransdorf, Reg. No. 20,004  
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Docket No. P0547/7007  
Date: July 10, 1995  
X7/12/95